

Supervisor's Guide to OWCP

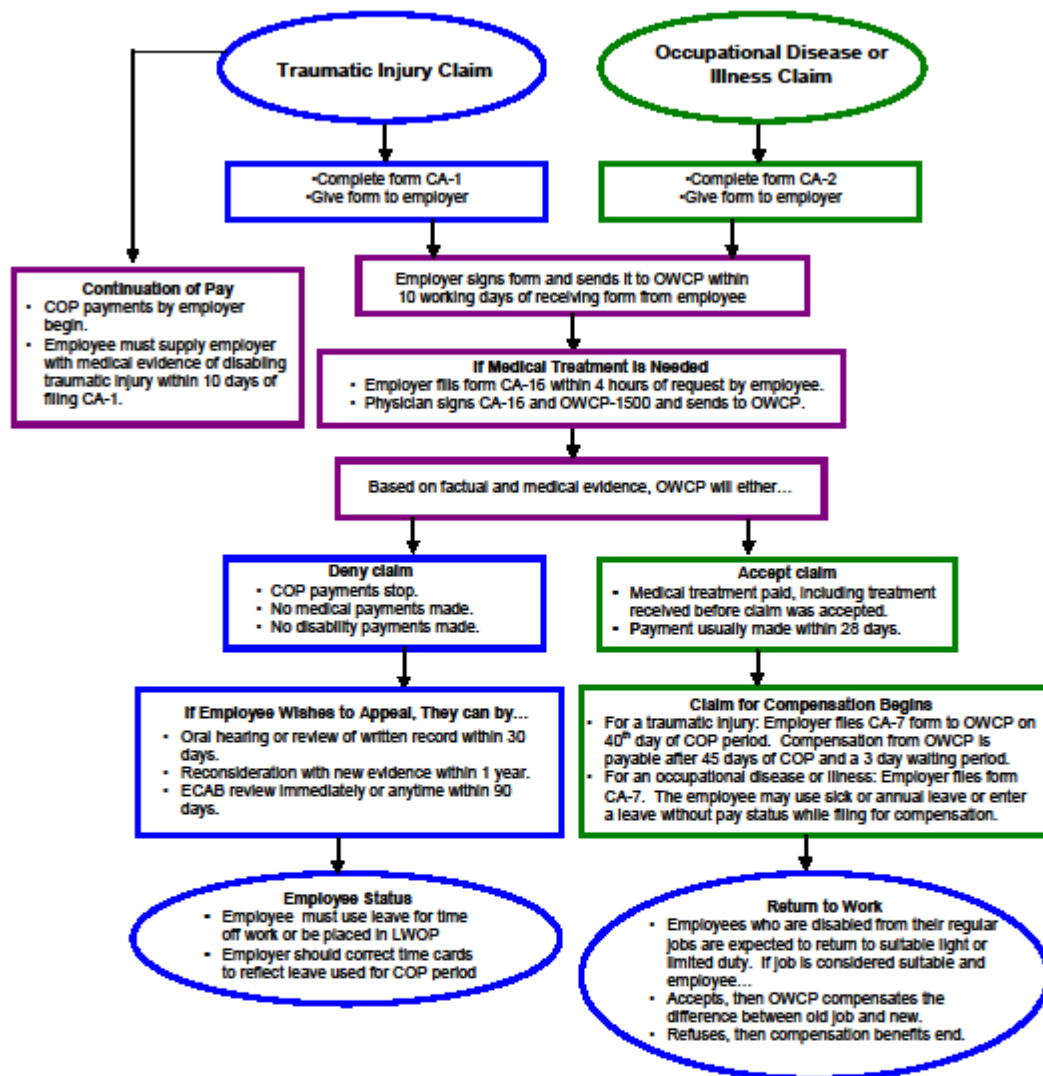


**Injury Compensation
Program Administrator
MSgt Kenneth Young
(608) 242-3711
DSN 724-3711**

References:

CA-810 Injury Compensation for Federal Employees
CA-550 FECA Question and Answers

The Claims Process
Employee sustains an injury as a federal technician
Employee and supervisors submit claim via EDI to HRO



Initial Response

For a “Traumatic” On-The-Job Injury

- ☐ Seek Medical Treatment for the injured technician if necessary! *For emergencies, please accompany the technician to the emergency room and ensure that they receive immediate care!*
- ☐ Provide the technician with the following forms for the physician to complete:
 - ☐ CA-16 (Authorization for Examination and/or Treatment) within the first 48 hours after the injury.
 - ☐ CA-17 (Duty Status Report)
 - ☐ CA-20 (Attending Physician’s Report)

ALL FORMS ARE AVAILABLE TO PRINT - NEVER HAVE TO WORRY ABOUT FINDING THEM!!!!

<http://www.dol.gov/esa/owcp/dfec/regs/compliance/forms.htm>

- ☐ Report the Injury to the designated Safety Official
- ☐ Complete a CA-1, Notice of Traumatic Injury, through EDI following the instructions in this guide
- ☐ All completed forms must be received at the Human Resources Office no later than *ten days* from the date of injury. This includes a signed copy of the CA-1, CA-16, CA-20, CA-17, and any other medical documentation from the physician if applicable
- ☐ Call the Injury Compensation Program Administrator (ICPA) on the front cover if you have any questions about filing the claim

SUPERVISOR'S OWCP CHECKLIST

Name: _____

DOI: _____

Claim #: _____

1. Seek Medical Attention for Injured Employee -

- ☐ Ensure that Medical provider accepts Worker's Compensation
- ☐ Issue a CA-16, Authorization for examination (only issue within 48hrs of injury)
- ☐ Retain a completed copy of CA-16 signed by the physician to send to the ICPA

2. Medical Documentation – *Must be signed by a doctor*

- ☐ CA-20, Attending Physician's Report (each time medial treatment received)
- ☐ CA-17, Duty Status Report (must submit after each treatment)
- ☐ **A copy of all CA forms and medical documentation must be received by the ICPA within 10 days**

3. Notify Safety -

- ☐ Air and Army National Guard – Call designated safety official and report incident;
- ☐ ICPA will send completed OSHA 301 Injury and Illness Incident Report when it is generated.

4. Injury Reported – *Every claim must be submitted through EDI*

- ☐ Electronically submit CA-1, Traumatic Injury or CA-2, Occupational Disease
- ☐ Website: <http://www.cpmc.osd.mil/icuc/EDI.aspx> Then click, Supervisor's Link
- ☐ For Recurrence Claims (spontaneous return) submit CA-2a manually to ICPA

5. Continuation of Pay (COP) – *Must be supported by medical documentation*

- ☐ **45 calendar day entitlement**
- ☐ Time card code for COP: LU for date of injury and LT 45 days after injury
- ☐ Four digit code for time card is month and day of injury
- ☐ If claim is denied, change COP to LS, LA or LWOP
- ☐ Notify ICPA when COP is used

6. Compensation after 45 days – *IF NEEDED - Must be supported by medical documentation*

- ☐ Must be in LWOP (Leave Without Pay) status
- ☐ Employee will need to fill out "employee portion of the CA-7"
- ☐ Employee needs to complete SF-1199A, Direct Deposit Sign-up to receive payments
- ☐ After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status

7. Medical Authorization – *Must be supported by medical justification*

- ☐ Physician requests authorization: phone (850) 558-1818, fax (800) 215-4901, <http://owcp.dol.acs-inc.com>
- ☐ Medical Provider must have **ACS Provider Number** to receive authorization
- ☐ Physician must state ICD-9, diagnosis code and CPT, procedure code

8. Medical Bills – *Provider must submit all bills through ACS*

- ☐ Website: <http://owcp.dol.acs-inc.com> (Provider search is available on this site)
- ☐ Medical Provider must have **ACS Provider Number** to receive payment
- ☐ Bills submitted manually must be submitted on HCFA-1500 or UB-92
- ☐ ACS Customer Service: (850) 558-1818
- ☐ If employee has problems with medical bill payment; contact ICPA

9. Reimbursement – *IF NEEDED*

- ☐ OWCP-915, Medical and OWCP-957, Travel – Submit with required documentation to ICPA

10. Agency Point of Contact – ICPA:

- ☐ Phone: 608-242-3711
- ☐ DSN 724-3711

CA-1

Filing a claim for a *Traumatic* Injury

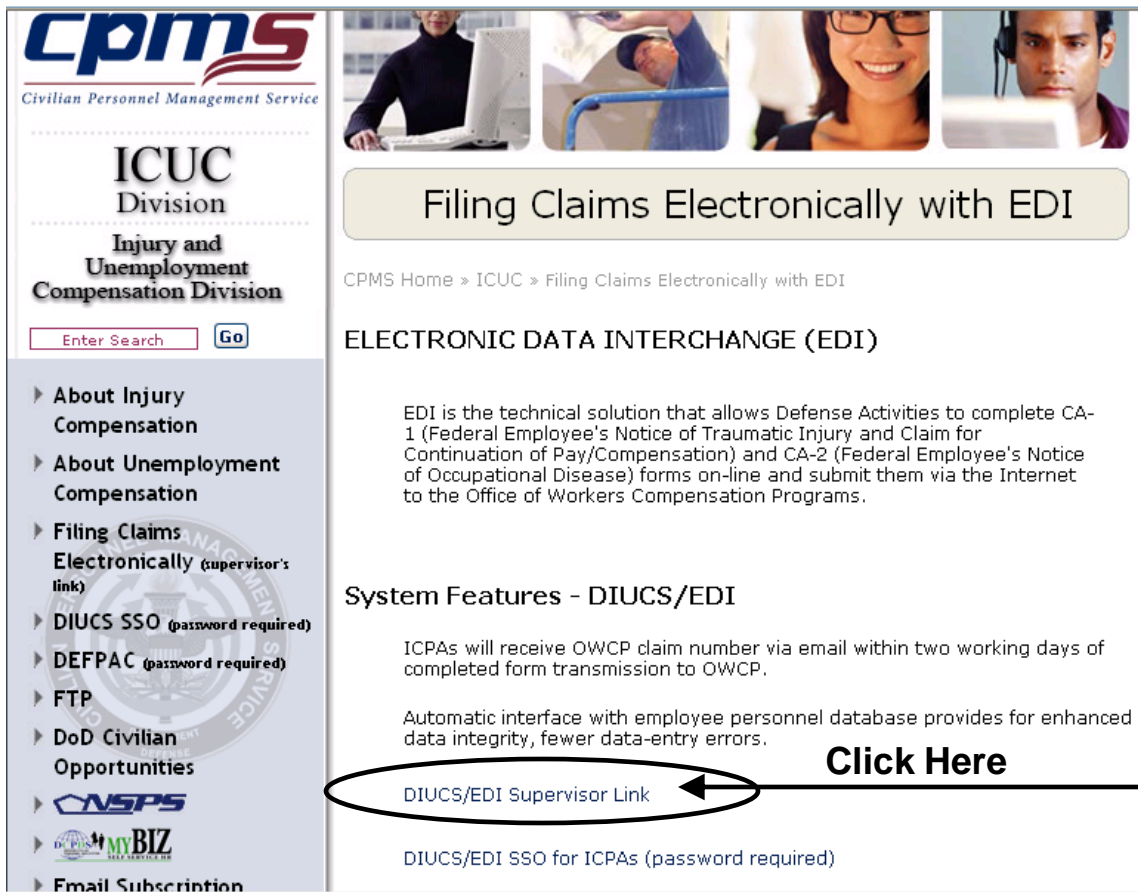


- ✓ Wound or other condition of the body caused by external force, including stress or strain.
- ✓ Identifiable by time and place of occurrence and member of the body affected.
- ✓ Caused by a specific incident within a single day or work shift.

Electronically Submit CA-1 on EDI

GO to EDI web site:

<http://www.cpms.osd.mil/icuc/EDI.aspx>



The screenshot displays the CPMS (Civilian Personnel Management Service) website. The header features the CPMS logo and the text "Civilian Personnel Management Service". Below this, the "ICUC Division" is identified as the "Injury and Unemployment Compensation Division". A search bar with "Enter Search" and a "Go" button is present. A left-hand navigation menu lists several options: "About Injury Compensation", "About Unemployment Compensation", "Filing Claims Electronically (supervisor's link)", "DIUCS SSO (password required)", "DEFPAC (password required)", "FTP", "DoD Civilian Opportunities", "NSPS", "MYBIZ", and "Email Subscription". The main content area is titled "Filing Claims Electronically with EDI" and includes a breadcrumb trail: "CPMS Home » ICUC » Filing Claims Electronically with EDI". Under the heading "ELECTRONIC DATA INTERCHANGE (EDI)", a paragraph explains that EDI is a technical solution for completing CA-1 and CA-2 forms online. Below this, the "System Features - DIUCS/EDI" section describes email notifications for ICPAs and an automatic interface with the personnel database. A prominent callout with an arrow points to the "DIUCS/EDI Supervisor Link" in the left menu, with the text "Click Here" next to it. At the bottom of the main content area, a link for "DIUCS/EDI SSO for ICPAs (password required)" is also visible.

cpms
Civilian Personnel Management Service

ICUC
Division
Injury and
Unemployment
Compensation Division

Enter Search

- ▶ About Injury Compensation
- ▶ About Unemployment Compensation
- ▶ Filing Claims Electronically (supervisor's link)
- ▶ DIUCS SSO (password required)
- ▶ DEFPAC (password required)
- ▶ FTP
- ▶ DoD Civilian Opportunities
- ▶ NSPS
- ▶ MYBIZ
- ▶ Email Subscription

Filing Claims Electronically with EDI

CPMS Home » ICUC » Filing Claims Electronically with EDI

ELECTRONIC DATA INTERCHANGE (EDI)

EDI is the technical solution that allows Defense Activities to complete CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and CA-2 (Federal Employee's Notice of Occupational Disease) forms on-line and submit them via the Internet to the Office of Workers Compensation Programs.

System Features - DIUCS/EDI

ICPAs will receive OWCP claim number via email within two working days of completed form transmission to OWCP.

Automatic interface with employee personnel database provides for enhanced data integrity, fewer data-entry errors.

Click Here

DIUCS/EDI Supervisor Link

DIUCS/EDI SSO for ICPAs (password required)

DIUCS/EDI

- This application requires Java and may take a minute to load.
- Once loaded click “OK” to agree with the disclaimer.
- Enter the employee’s **SSN** and **Birth date**
- For **Traumatic Injury** Claims (occurred during one work shift/ specific location/ time) fill out a **CA-1**.
- Note: White fields are required information to be filled out, yellow fields are optional, and grey fields are for HRO use.

The screenshot shows a web application window titled "Supervisor Entry". The main heading is "Enter A New U.S. Department of Labor Worker's Compensation Claim Form:". The form is divided into two main sections: "Claimant" and "Claim Form Type".

In the "Claimant" section, there are two input fields: "Social Security Number (SSN)" with the value "123-45-6789" and "Date of Birth (MM/DD/YYYY)" with the value "05-26-1980". A red box labeled "Input information" with an arrow points to the Date of Birth field. A black circle is drawn around both input fields.

In the "Claim Form Type" section, there are two radio button options: "CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation" (which is selected) and "CA-2 Notice of Occupational Disease and Claim for Compensation". A red box labeled "Click on CA-1 For a Traumatic Injury" with an arrow points to the CA-1 radio button.

At the bottom of the form, there are two buttons: "Enter claim" and "Exit". A red box labeled "Click here!" with an arrow points to the "Enter claim" button.

The version number "V1.41 12/02/2008" is displayed at the bottom left of the window.

Step 1 (Employee Data): The electronic form will open. All of the white fields will need to be completed with the correct information. Yellow fields are optional but should be completed if the information is known.

Employee's Information Item #'s 1-8

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

1. Name of employee
Last Name: First Name:
Middle Name: Suffix:

2. Social Security Number

3. Date of birth
MM-DD-YYYY

4. Sex
☒ Male ☐ Female

5. Home Phone

6. Grade as of date of injury
Level: Step:

7. Employee's home mailing address
Street Address:
City:
State: ZIP Code:

8. Dependents
☐ Wife, Husband
☐ Children under 18 years
☐ Other

Claim information
EDI claim number: Status:
Trading partner ID: Status time:

Step 2 (Injury): **Be very specific!** Block 10 is a default; please be sure to change it to the correct date and time of injury. Complete blocks 13 and 14.

Click Tab

Change Default Date and Time

EDI_CA1

Emp. Data **Injury** Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

 ZIP Code:

10. Date & time injury occurred
MM-DD-YYYY HH:MM [AM/PM]

11. Date of this notice
MM-DD-YYYY

12. Employee's Occupation Description

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

a. Occupation code

Cause of injury code

b. OSHA Type

c. OSHA Source

Nature of injury

Anatomical location code
Part of Body Side of Body

Step 3 (Employee Signature): If employee needs to be off of work due to their injury, please chose “a” for continuation of pay (COP). If continuation of pay is used, the employee will need to provide medical documentation within 10 days of their injury or COP could be controverted.

EDI_CA1

Emp. Data Injury **Emp. Signature** Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim:

☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ **b. Sick and/or Annual Leave**

☐ c. Unknown

The employee should not use sick or annual leave when injured. Please contact your ICPA if you have any questions.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Step 4 (Witness): If a witness was present, please have them complete all of the information on this page.

EDI_CA1

Emp. Data Injury Emp. Signature **Witness** Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

16. Statement of witness (Describe what you saw, heard, or know about this injury)

The witness should give a very detailed description of the incident and should include all details that they feel may help with the claim. Please exclude opinions or diagnoses.

Name of Witness: Last Name First Name Middle Name

Signature of witness: _____ Date signed:

Street Address:

City:

State: ZIP Code:

Step 5 (Sup Rpt 1): Please fill out all fields. If the employee stopped work and will be using COP, fill out block 24.

EDI_CA1

Emp. Data Injury Emp. Signature Witness **Sup Rpt 1** Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

17. Agency name and address of reporting office

Agency name:

Street Address:

City:

State: ZIP Code:

18. Employee's duty station

Street Address:

City:

State: ZIP Code:

19. Employee's retirement coverage

☐ CSRS ☐ FERS ☐ OTHER (identify)

20. Regular work hours

HH:MM [AM/PM] HH:MM [AM/PM]

From: To:

21. Regular work schedule

☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

22. Date of injury

MM-DD-YYYY

06-24-2009

23. Date notice received

MM-DD-YYYY

06-24-2009

24. Date & time employee stopped work

MM-DD-YYYY HH:MM [AM/PM]

OWCP Agency Code Charge Back CCPO HX

OSHA Site Code

OWCP District Office #

Step 6 (Sup Rpt 2): This page is optional but input the information if known. If the employee was injured during an authorized physical fitness program, block 28 should be "Yes" to let the Department of Labor know that they were in the performance of duty. No explanation is needed. Since military membership is a condition of employment, dual status technicians are entitled to OWCP benefits during authorized PT time. *(See Appendix for PT Policy Letter)

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 **Sup Rpt 2** Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

25. Date pay stopped

MM-DD-YYYY

26. Date 45 day period began

MM-DD-YYYY

27. Date & time employee returned to work

MM-DD-YYYY HH:MM [AM/PM]

28. Was employee injured in performance of duty?

☒ Yes ☐ No (If "No", explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

☐ Yes (If "Yes", explain) ☒ No

Step 7 (Sup Rpt 3): A “Third Party” refers to someone or something caused the injury at no fault to the employee (i.e. Gets hit by a car, falls from a defective ladder, etc.) If injury was caused by a third party, choose “Yes” in block 30 and fill out blocks 31, 32, and 33.

Click Tab

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 **Sup Rpt 3** Sup Rpt 4 Safety Data Sup Signature

30. Was injury caused by third party?

☐ Yes ☒ No

31. Name and address of third party (include city, state, and ZIP code)

3rd party name:

name continued:

Street Address:

City:

State: ZIP Code:

32. Name and address of physician first providing medical care (Include city, state, and ZIP code)

Last Name First Name Middle Name Title

Street Address:

City:

State: ZIP Code:

33. First date medical care received

MM-DD-YYYY

33a. Provided by Agency medical facility?

☐ Yes ☒ No

34. Do medical records show employee is disabled for work?

☐ Yes ☒ No ☐ Unknown

Step 8 (Sup Rpt 4): Fill out blocks 35. If necessary expand on the details.

Click Tab

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 **Sup Rpt 4** Safety Data Sup Signature

35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?

☒ Yes ☐ No (If "No", explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.

☐ Yes (If "Yes", explain) ☒ No

37. Pay rate when employee stopped work

Amount: Per:

Step 9 (Safety Data): This page will populate the OSHA 301 form that is sent to the safety officer. Please check all that apply to the specific injury.

Click Tab

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 **Safety Data** Sup Signature

Work Environment Exceptions

- ☐ Employee was member of general public rather than an employee at the time of injury.
- ☐ Injury resulted from non-work related event or exposure occurring outside of the work environment.
- ☐ Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.
- ☐ Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.
- ☐ Injury resulted from personal grooming, self medication, or was intentionally self-inflicted.
- ☐ Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.
- ☐ Injury is the common cold or flu.

Privacy Case Status: A Not A Privacy Case

General Recording Criteria

- ☐ Employee is deceased as a result of the incident.
- ☐ Employee suffered days away from work as a result of the incident.
- ☐ Employee's work activity was restricted as a result of the incident.
- ☐ Employee was treated in an emergency room as a result of the incident.
- ☐ Employee was hospitalized overnight as an in-patient.
- ☐ Employee lost consciousness as a result of the incident.
- ☐ Employee was transferred to another job as a result of the incident.

Preliminary OSHA Recordability

29 CFR 1904: UNDETERMINED

OSHA 300 Log Coding: UN

As Of: 06-24-2009 08:38:07 AM

Injury Classification: A Injury

Step 10 (Sup Signature): Fill out all of this page. You will need to include your email address. Click on the appropriate category in block 39. When complete, scroll down to the bottom of the page.

Click Tab

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data **Sup Signature**

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?

☐ Yes ☐ No

What was the root cause of this injury?

Last Name First Name Middle Name

Name of Supervisor:

MM-DD-YYYY

Signature of supervisor: Date signed: 06-24-2009

Supervisor's Title Supervisor's Email Address: Supervisor's Office phone number

39. Filing Instructions

- ☐ No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
- ☐ No lost time, medical expenses incurred or expected: forward this form to OWCP
- ☐ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ☐ First Aid Injury

Scroll down

Step 11 (View Claim): Once you have scrolled to the bottom of the page; click on “View Claim”. This will bring up a .PDF of the CA-1. Print the claim and obtain signatures from the employee, witnesses (if applicable), and the supervisor. *Fax a copy of the signed CA-1 along with all medical documentation to HRO at 614-336-7052.*

The screenshot shows the bottom portion of a web form. At the top right, there is a date field labeled "Date signed:" with the value "06-24-2009" and a placeholder "MM-DD-YYYY". Below this are three input fields: "Supervisor's Title", "Supervisor's Email Address:", and "Supervisor's Office phone number". The "Supervisor's Email Address:" field is highlighted in yellow and circled with a black line. A callout box points to this field with the text: "Enter the supervisor's email address. Hit 'TAB' to verify and reenter." Below these fields is a section titled "39. Filing Instructions" with four checkboxes: "No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)", "No lost time, medical expenses incurred or expected: forward this form to OWCP", "Lost time covered by leave, LWOP, or COP: forward this form to OWCP", and "First Aid Injury". At the bottom of the form are four buttons: "View Claim" (circled with a black line), "Submit Claim", "Cancel", and "Exit". A callout box points to the "View Claim" button with the text: "PRINT! Send a signed copy to the ICPA."

The screenshot shows the Adobe Reader window titled "Thompson, Sara 20090506.pdf - Adobe Reader". The PDF document is titled "Federal Employee's Notice of Traumatic Injury and Claim for Continuation Pay/Compensation" and is from the "U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs". It includes an "EDI Tracking Number" of 100152322. The document is partially filled out with employee data.

Step 12 (Submit Claim): After you have printed a copy of the CA-1, Click “Submit Claim”. An electronic notice will be sent to the ICPA that a new claim has been filed. They will go into EDI/DIUCS and authenticate the claim. A claim number will be issued within 2 weeks of submission. It is very important that once issued, the claim number is given to all providers that have seen the employee for their injury to ensure prompt medical bill payment.

This screenshot is identical to the one in Step 11, showing the bottom portion of the CA-1 form. The "Submit Claim" button is now circled with a black line, and a callout box points to it with the text: "Click 'Submit Claim' to send an electronic notice to the ICPA."

CA-2

Filing a claim for an *Occupational Disease*

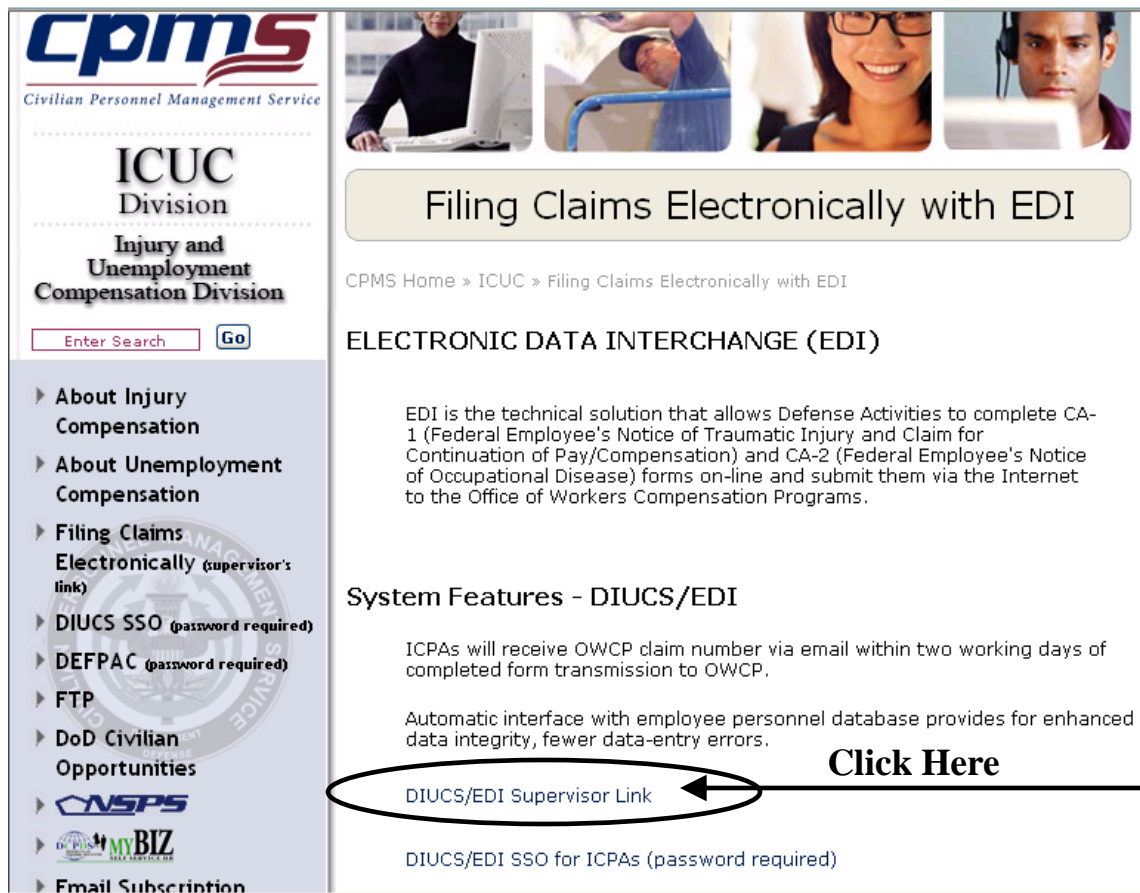


- ✓ A condition produced in the work environment over a period longer than one workday or shift.
- ✓ May result from systemic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.
- ✓ May not have a specific location, time, or place.

Electronically Submit a CA-2 on EDI

GO to EDI web site:

<http://www.cpms.osd.mil/icuc/EDI.aspx>



The screenshot displays the CPMS (Civilian Personnel Management Service) website. The header features the CPMS logo and the text "Civilian Personnel Management Service". Below this, the "ICUC Division" is identified as the "Injury and Unemployment Compensation Division". A search bar with "Enter Search" and a "Go" button is present. A left-hand navigation menu lists several options: "About Injury Compensation", "About Unemployment Compensation", "Filing Claims Electronically (supervisor's link)", "DIUCS SSO (password required)", "DEFPAC (password required)", "FTP", "DoD Civilian Opportunities", "NSPS", "MYBIZ", and "Email Subscription". The main content area is titled "Filing Claims Electronically with EDI" and includes the breadcrumb "CPMS Home » ICUC » Filing Claims Electronically with EDI". It defines "ELECTRONIC DATA INTERCHANGE (EDI)" as a technical solution for submitting forms online. Under "System Features - DIUCS/EDI", it states that ICPAs will receive an OWCP claim number via email within two working days and that an automatic interface with the employee personnel database enhances data integrity. A prominent arrow points from the text "Click Here" to the "DIUCS/EDI Supervisor Link" in the navigation menu. Below this link, it notes "DIUCS/EDI SSO for ICPAs (password required)".

CPMS
Civilian Personnel Management Service

ICUC
Division
Injury and
Unemployment
Compensation Division

Enter Search

- ▶ About Injury Compensation
- ▶ About Unemployment Compensation
- ▶ Filing Claims Electronically (supervisor's link)
- ▶ DIUCS SSO (password required)
- ▶ DEFPAC (password required)
- ▶ FTP
- ▶ DoD Civilian Opportunities
- ▶ **NSPS**
- ▶ **MYBIZ**
- ▶ Email Subscription

Filing Claims Electronically with EDI

CPMS Home » ICUC » Filing Claims Electronically with EDI

ELECTRONIC DATA INTERCHANGE (EDI)

EDI is the technical solution that allows Defense Activities to complete CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and CA-2 (Federal Employee's Notice of Occupational Disease) forms on-line and submit them via the Internet to the Office of Workers Compensation Programs.

System Features - DIUCS/EDI

ICPAs will receive OWCP claim number via email within two working days of completed form transmission to OWCP.

Automatic interface with employee personnel database provides for enhanced data integrity, fewer data-entry errors.

Click Here

[DIUCS/EDI Supervisor Link](#)

DIUCS/EDI SSO for ICPAs (password required)

DIUCS/EDI

- This application requires Java and may take a minute to load.
- Once loaded click “OK” to agree with the disclaimer.
- Enter the employee’s **SSN** and **Birth date**
- For **Occupational Disease** Claims (occurred over more than one work shift/ not a specific location/ time) fill out a **CA-2**.
- Click on “**Enter Claim**”
- **Turn to the correct tab for the type of injury that you filing a claim for further instructions. (CA-2 Occupational Disease)**

The screenshot shows a web application window titled "Supervisor Entry". The main heading is "Enter A New U.S. Department of Labor Worker's Compensation Claim Form:". Below this, there are two main sections: "Claimant" and "Claim Form Type".

In the "Claimant" section, there are two input fields: "Social Security Number (SSN)" with the value "123-45-6789" and "Date of Birth (MM/DD/YYYY)" with the value "05-26-1980". A red box labeled "Input information" has an arrow pointing to the Date of Birth field.

In the "Claim Form Type" section, there are two radio button options: "CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation" and "CA-2 Notice of Occupational Disease and Claim for Compensation". The "CA-2" option is selected. A red box labeled "Chose CA-2 For Occupational Illness or Disease" has an arrow pointing to the "CA-2" radio button.

At the bottom, there are two buttons: "Enter claim" and "Exit". A red box labeled "Click here!" has an arrow pointing to the "Enter claim" button.

The version number "V1.41 12/02/2008" is displayed in the bottom left corner.

Step 1 (Employee Data): The electronic form will open. All of the white fields will need to be completed with the correct information. Yellow fields are optional but should be completed if the information is known.

Employee's Information Item #'s 1-8

Step 2 (Claim Info. 1): This should be completed by the employee with help from the supervisor. Be very specific! Explain the relationship of the injury to your employment and the time frame that you became aware of the occupational disease.

Click Tab

Fill in all information about the Occupational Disease

Be very specific! If more room is needed to explain; the employee may submit an additional page with the signed CA-2 to the ICPA.

Step 3: (Claim Info. 2): This should be completed by the employee with help from the supervisor.

Click Tab

14. Nature of disease or illness

Be very specific! If more room is needed to explain; the employee many submit an additional page with the signed CA-2 to the ICPA.

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

b. OSHA Type

c. OSHA Source

Nature of Injury

Anatomical location code

Part of Body

Side of Body

Step 4: (Claim Info. 3/ Emp. Signature): This should be completed by the employee with help from the supervisor. Medical evidence must be submitted to the ICPA when filing a CA-2. If the medical reports are not submitted, type the reason in block 17.

Click Tab

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that is was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date 06-25-2009

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which tat person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Step 5 (Sup Rpt 1): Input all information.

Click Tab

Information should be input by the supervisor

EDI_CA2

Emp. Data Claim Info. 1 Claim Info. 2 Claim Info. 3 / Emp. Signature **Sup Rpt 1** Sup Rpt 2 Sup Rpt 3 Safety Data Sup Signature

19. Agency name and address of reporting office (include city, state and ZIP code)

Agency name:

Street Address:

City:

State: ZIP Code:

OWMCP Agency Code Charge Back CCPO HX

OSHA Site Code

OWMCP District Office #

20. Employee's duty station (Street address and ZIP Code)

Street Address:

City:

State: ZIP Code:

21. Regular work hours

HH:MM [AM/PM] HH:MM [AM/PM]

From: To:

22. Regular work schedule

☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

Step 6 (Sup Rpt 2): Input all information if known.

Click Tab

EDI_CA2

Emp. Data Claim Info. 1 Claim Info. 2 Claim Info. 3 / Emp. Signature Sup Rpt 1 **Sup Rpt 2** Sup Rpt 3 Safety Data Sup Signature

23. Name and address of physician first providing medical care (include city, state, and ZIP code)

Last Name First Name Middle Name Title

Street Address:

City:

State: ZIP Code:

24. First date medical care received

MM-DD-YYYY

24a. Provided by Agency medical facility?

☐ Yes ☐ No

25. Do medical records show employee is disabled for work?

☐ Yes ☐ No ☒ Unknown

26. Date employee first reported condition to supervisor

MM-DD-YYYY

27. Date and hour employee stopped work

MM-DD-YYYY HH:MM [AM/PM]

28. Date and hour employee's pay stopped

MM-DD-YYYY HH:MM [AM/PM]

29. Date employee was last exposed to conditions alleged to have caused disease or illness

MM-DD-YYYY

30. Date and time employee returned to work

MM-DD-YYYY HH:MM [AM/PM]

Step 7 (Sup Rpt 3): Input information if applicable.

Click Tab

EDI_CA2

Emp. Data Claim Info. 1 Claim Info. 2 Claim Info. 3 / Emp. Signature Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Safety Data Sup Signature

31. If employee has returned to work and work assignment has changed, describe new duties

32. Employee's retirement coverage
☐ CSRS ☐ FERS ☐ OTHER (identify)

33. Was injury caused by third party?
☐ Yes
☒ No (If "No", go to item 35)

34. Name and address of third party (include city, state, and ZIP code)
3rd party name:
name continued:
Street Address:
City:
State: ZIP Code:

Step 8 (Safety Data): This page will populate the OSHA 301 form that is sent to safety. Please check all that apply to the specific injury.

Click Tab

EDI_CA2

Emp. Data Claim Info. 1 Claim Info. 2 Claim Info. 3 / Emp. Signature Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Safety Data Sup Signature

Work Environment Exceptions

☐ Employee was member of general public rather than an employee at the time of injury.
☐ Injury resulted from non-work related event or exposure occurring outside of the work environment.
☐ Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.
☐ Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.
☐ Injury resulted from personal grooming, self medication, or was intentionally self-inflicted.
☐ Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.
☐ Injury is the common cold or flu.

Privacy Case Status: A Not A Privacy Case

General Recording Criteria

☐ Employee is deceased as a result of the incident.
☐ Employee suffered days away from work as a result of the incident.
☐ Employee's work activity was restricted as a result of the incident.
☐ Employee was treated in an emergency room as a result of the incident.
☐ Employee was hospitalized overnight as an in-patient.
☐ Employee lost consciousness as a result of the incident.
☐ Employee was transferred to another job as a result of the incident.

29 CFR 1904: UNDETERMINED

OSHA 300 Log Coding: UN

As Of: 06-25-2009 09:12:01 AM

Injury Classification: I All Other Illnesses

Step 9 (Sup Signature): Fill out all of this page. You will need to include your email address. When complete, scroll down to the bottom of the page.

EDI_CA2

Emp. Data Claim Info. 1 Claim Info. 2 Claim Info. 3 / Emp. Signature Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Safety Data **Sup Signature**

35. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?

☐ Yes ☐ No

What was the root cause of this injury?

Last Name First Name Middle Name

Name of Supervisor: MM-DD-YYYY

Signature of supervisor: Date signed: 06-25-2009

Supervisor's Title Supervisor's Email Address: Supervisor's Office phone number

Enter the supervisor's email address. Hit "TAB" to verify and reenter.

Scroll down

Click Tab

Step 10 (View Claim): Once you have scrolled to the bottom of the page; **click on "View Claim"**. This will bring up a .PDF of the CA-2. **Print the claim and obtain signatures from the employee, witnesses (if applicable), and the supervisor.** Fax a copy of the signed CA-2 along with appropriate CA-35 checklist and all medical documentation to the HRO.

Last Name First Name Middle Name

Name of Supervisor: MM-DD-YYYY

Signature of supervisor: Date signed: 06-25-2009

Supervisor's Title Supervisor's Email Address: Supervisor's Office phone number

View Claim **Submit Claim** **Cancel** **Exit**

PRINT!
Fax a signed copy to the HRO at 614-336-7052 along with CA-35 documentation.

Tompson, Sara 20090506.pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 8 67.4%

Federal Employee's Notice of Traumatic Injury and Claim for Continuation Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1-15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

EDI Tracking Number
100152322

Employee Data

1. Name of Employee (Last, First Middle Suffix)

2. Social Security Number

Step 12 (Submit Claim): After you have printed a copy of the CA-2, Click **“Submit Claim”**. An electronic notice will be sent to the ICPA to go into EDI/DIUCS and authenticate the claim and forward to the Department of Labor.

The screenshot shows a web form with the following fields and buttons:

- Last Name: [text box]
- First Name: [text box]
- Middle Name: [text box]
- Name of Supervisor: [text box]
- Signature of supervisor: [text box]
- Date signed: [text box] (MM-DD-YYYY)
- Supervisor's Title: [text box]
- Supervisor's Email Address: [text box]
- Supervisor's Office phone number: [text box]
- Buttons: View Claim, **Submit Claim** (highlighted), Cancel, Exit

Click **“Submit Claim”** to send an electronic notice to the ICPA.

What happens next?

The Department of Labor will evaluate the claim along with all medical documentation. The employee should receive a letter from the DOL within 4 weeks and will let the employee know if the occupational disease will be accepted or if more documentation is needed.

It is very important that the employee reads all correspondence from the DOL very carefully and provides them with any additional information requested before the given deadline. The employee has the “burden of proof” and must provide the DOL with all additional documentation requested.

If the claim is not accepted, the employee will have the opportunity to appeal the decision.

Occupational Disease Checklists

All CA-35 Checklist's can be found at:

<http://www.dol.gov/esa/owcp/dfec/regs/compliance/forms.htm>

**All supporting documentation listed on the checklist will need to be
submitted to the ICPA along with the CA-2.**

- CA-35a Occupational Disease
- CA-35b Work-Related Hearing Loss
- CA-35c Asbestos-Related Illness
- CA-35d Work-Related Coronary/Vascular Condition
- CA-35e Work-Related Skin Disease
- CA-35F Work-Related Pulmonary Illness
- CA-35g Work-Related Psychiatric Illness
- CA-35h Work-Related Carpal Tunnel Syndrome

Continuation of Pay



When is the employee entitled to use COP and how is it received?

Continuation of Pay Tracking Worksheet

Claimant Name: _____

OWCP Case Number: _____

Date of Injury: _____

Date of Notification: _____

Use this worksheet to track the dates and hours of Continuation of Pay (COP) authorized for this claimant as a result of the employee's traumatic injury.

Count	Date	Day Type*	# Hours		Count	Date	Day Type*	# Hours
1	__/__/__				23	__/__/__		
2	__/__/__				24	__/__/__		
3	__/__/__				25	__/__/__		
4	__/__/__				26	__/__/__		
5	__/__/__				27	__/__/__		
6	__/__/__				28	__/__/__		
7	__/__/__				29	__/__/__		
8	__/__/__				30	__/__/__		
9	__/__/__				31	__/__/__		
10	__/__/__				32	__/__/__		
11	__/__/__				33	__/__/__		
12	__/__/__				34	__/__/__		
13	__/__/__				35	__/__/__		
14	__/__/__				36	__/__/__		
15	__/__/__				37	__/__/__		
16	__/__/__				38	__/__/__		
17	__/__/__				39	__/__/__		
18	__/__/__				40	__/__/__		
19	__/__/__				41	__/__/__		
20	__/__/__				42	__/__/__		
21	__/__/__				43	__/__/__		
22	__/__/__				44	__/__/__		
	__/__/__				45	__/__/__		

*Day Type: W = Work Day; H = Holiday; N = Non-Scheduled Day

Instructions and Guidelines to Process and Track Continuation of Pay

The Federal Employees' Compensation Act (FECA) provides that the Installation must continue the employee's regular pay during any periods of resulting disability, up to a maximum of 45 calendar days. This is called continuation of pay, or COP. The Installation, not OWCP, pays COP. Unlike wage loss benefits COP is subject to taxes and all other payroll deductions that are made from regular income.

Eligibility to Receive COP

To be eligible for COP, a person must:

- Have a "traumatic injury" which is job-related and the cause of the disability, and/or the cause of lost time due to the need for medical examination and treatment;
- File Form CA-1 within 30 days of the date of the injury; and
- Begin losing time from work due to the traumatic injury within 45 days of the injury.

When Installations are Not Required to Pay COP

The Installation must continue regular pay of an eligible employee without a break in time for up to 45 calendar days, except when, and only when:

- The disability was not caused by a traumatic injury;
- The employee is not a citizen of the United States or Canada;
- No written claim was filed within 30 days from the date of injury;
- The injury was not reported until after employment has been terminated;
- The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties;
- The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs; or
- Work did not stop until more than 45 days following the injury.

How to Track and Pay COP:

COP is payable for a maximum of 45 calendar days, and every day used is counted toward this maximum.

- Time lost on the day or shift of the injury does not count toward COP. Instead, the installation must keep the employee in the pay status for that period using Hours Type Code LU and an injury number equivalent to the month and day (MM/DD) of the injury.
- The first COP day is the first day disability begins following the date of injury as long as that date is within the 45 days following the date of injury. The only exception to this rule is when the injury occurs before the beginning of the workday or shift, in which case the date of injury is charged to COP. The installation must use Hours Type Code LT and an injury number equivalent to the month and day (MM/DD) of the injury.
- Any part of a day or shift, except on the day of the injury, counts as a full day toward the 45 calendar day total, however, the installation must only record Hours Type Code LT for the portion of the day or shift where the employee was authorized for treatment or disability, and code the remainder of the day to work hours, annual, or sick leave as appropriate.
- Regular days off are included if COP has been used on the regular work days immediately preceding or following the regular day(s) off, and medical evidence supports disability.
- Leave used during a period when COP is otherwise payable is counted toward the 45-day COP maximum as if the employee had been in a COP status.

Withholding COP

The Installation must continue the pay of an employee who is eligible for COP, and may not require the employee to use his or her own sick or annual leave, unless one of the following reasons apply:

- Medical evidence, which on its face supports disability due to a work-related injury is not received within 10 calendar days after the claim, is submitted (unless the Installation's own investigation shows disability to exist). Where the medical evidence is later provided, however, COP shall be reinstated retroactive to the date of termination;
- The medical evidence from the treating physician shows that the employee is not disabled from his or her regular position;
- Medical evidence from the treating physician shows that the employee is not totally disabled, and the employee refuses a written offer of a suitable, alternative, position that is approved by the attending physician. If OWCP later determines that the position was not suitable, OWCP will direct the Installation to grant the employee COP retroactive to the termination date.
- The employee returns to work with no loss of pay;
- The employee's period of employment expires or employment is otherwise terminated (as established prior to the date of injury);
- OWCP directs the Installation to stop COP; and/or
- COP has been paid for 45 calendar days.

COP Payments During Disciplinary Action Period

An Installation may not interrupt or stop COP to which the employee is otherwise entitled because of a disciplinary action, unless a preliminary notice was issued to the employee before the date of injury and the action becomes final or otherwise takes effect during the COP period.

Controverting Periods of COP

Where an employee requests COP but does not meet the eligibility requirements, or an Installation stops COP, it must file a controversion with OWCP, setting forth the basis on which it terminated COP, no later than the effective date of the termination. The final determination on entitlement to COP always rests with OWCP.

Employees Who Elect Annual or Sick Leave on CA-1

When an employee elects to use accumulated sick or annual leave, or leave advanced by the agency, instead of electing COP, the employee may change the election between leave and COP for prospective periods at any point while eligibility for COP remains. The employee may also change the election for past periods and request COP in lieu of leave already taken for the same period. In either situation, the following provisions apply:

- The request must be made to the Installation within one year of the date the leave was used or the date of the written approval of the claim by OWCP (if written approval is issued); whichever is later.
- Where the employee is otherwise eligible, the installation must restore leave taken in lieu of any of the 45 COP days. Where any of the 45 COP days remain unused, the agency shall continue pay prospectively.
- The use of leave may not be used to delay or extend the 45-day COP period or to otherwise affect the time limitation for COP. Therefore, any leave used during the period of eligibility counts towards the 45-day maximum entitlement to COP.

Employee's Responsibility to Ensure Eligibility to COP

An employee that elects COP must take the following actions to ensure continuing eligibility for COP.

- Complete and submit Form CA-1 to the employing agency as soon as possible, but no later than 30 days from the date the traumatic injury occurred.
- Ensure that medical evidence supporting disability resulting from the claimed traumatic injury, including a statement as to when the employee can return to his or her date of injury job is provided to the employer within 10 calendar days after filing the claim for COP.
- Ensure that relevant medical evidence is submitted to OWCP, and cooperate with OWCP in developing the claim.
- Ensure that the treating physician specifies work limitations and provides them to the employer and/or representatives of OWCP.
- Provide to the treating physician a description of any specific alternative positions offered the employee, and ensure that the treating physician responds promptly to the employer and/or OWCP, with an opinion as to whether and how soon the employee could perform that or any other specific position.

Calculating Pay Rates for COP

The pay rate for COP purposes is equal to the employee's regular "weekly" pay (the average of the weekly pay over the preceding 52 weeks). The pay rate excludes overtime pay, but includes other applicable extra pay except to the extent prohibited by law. Changes in pay or salary such as promotion, demotion, within-grade increases, or termination of a temporary detail, which would have otherwise occurred during the 45-day period are to be reflected in the weekly pay determination.

The weekly pay for COP purposes is determined according to the following formulas:

- For full or part-time workers (permanent or temporary) who work the same number of hours each week of the year (or of the appointment), the weekly pay rate is the hourly pay rate (A) in effect on the date of injury multiplied by (x) the number of hours worked each week (B): **(A x B = Weekly Pay Rate.)**
- For part-time workers (permanent or temporary) who do not work the same number of hours each week, but who do work each week of the year (or period of appointment), the weekly pay rate is an average of the weekly earnings, established by dividing (/) the total earnings (excluding overtime) from the year immediately preceding the injury (A) by the number of weeks (or partial weeks) worked in that year (B): **(A / B = Weekly Pay Rate.)**
- For intermittent and seasonal workers, whether permanent or temporary, who do not work either the same number of hours or every week of the year (or period of a appointment), the weekly pay rate is the average weekly earnings established by dividing (/) the total earnings during the full 12-month period immediately preceding the date of injury (excluding overtime) (A), by the number of weeks (or partial weeks) worked during that year (B) (that is, A / B); or 150 times the average daily wage earned in the employment during the days employed within the full year immediately preceding the date of injury divided by 52 weeks, whichever is greater.

For employees with part-time or intermittent schedules, all calendar days on which medical evidence indicates disability are counted as COP days, regardless of whether the employee was or would have been scheduled to work on those days. The rate at which COP is paid for these employees is calculated according to Sec. 10.216(b).

Reasons that OWCP May Not Authorize COP

When OWCP finds that an employee or his or her representative refuses or obstructs a medical examination required by OWCP, the right to COP is suspended until the refusal or obstruction ceases. COP already paid or payable for the period of suspension is forfeited. If already paid, the COP may be charged to annual or sick leave or considered an overpayment of pay consistent with 5 U.S.C. 5584.

Recouping of COP Paid for Periods not Authorized by OWCP

Where OWCP finds that the employee is not entitled to COP after it has been paid, the employee may choose to have the time charged to annual or sick leave, or considered an overpayment of pay under 5 U.S.C. 5584. The Installation must notify the employee to make an election of annual or sick leave for periods of COP not authorized by OWCP, and then prepare a timekeeping adjustment to convert all Hours Type Code LT for period not authorized to another Hours Type Code.

COP can be used for....



Surgery....



Recovery....



**Doctor's Visits/
Physical Therapy.....**

*******When an employee is using COP the CA-16 or CA-20 and any further medical documentation must be provided to ICPA within 10 calendar days after the claim is submitted or COP will be terminated.***

COP and Compensation Related Questions & Answers Regarding Time Keeping & Payroll

References: 20 CFR 10.215 and the CSR Manual



Question: How should time cards be coded when employees are off work due to a workers' compensation injury?

Answer: The time card should be coded LU on the date of injury. The first COP day is the first day disability begins following the date of injury and should be coded as LT. In addition, the injury date must be coded for the appropriate date in the month/day format (i.e., 0404). Example, if the timekeeper codes the time card LU for 4 hours, the system automatically fills in the other 4 hours according to the employee's type hours (i.e. RG, RF, RS, RT) See Page 3 for information on Continuation of Pay (COP)

LU.....Date of Traumatic Injury

LT.....Traumatic (COP) - COP days following the date of injury

KA.....LWOP; system will convert to this payroll code if employee is ineligible for COP and sick leave and annual leave balances have been exhausted

KD.....LWOP; this payroll code is used when employee is requesting compensation from OWCP and a CA 7 has been filed

Question: How does the CRS obtain COP from DCPS?

Answer: A COP report can be generated by locating the CSR report menu which is entry #6. Select report # 2. Type in printer ID and select option 2. The COP report will automatically print. Once the report has finished printing, scan it and email to whomever is requesting a copy.

Question: What 4 digit code does the timekeeper input into the system when coding for OWCP?

Answer: The 4 digit code is the injury number and is established when the "LU" code is used (Date of Injury). This code has to be used with "LT". Make sure you use the correct injury number for the LT code. DCPS can have up to 3 different injuries in the system at any one time. You can see this information in the Leave History Screen. Input the (2 digit) month and (2 digit) day the injury occurred. i.e.: October 16, 2007, injury number would be 1016.

Question: What is the "fix" if the system is converting LT to LS and drawing from employee's sick leave balance?

Answer: Research to determine why the conversion is taking place. Has the employee exhausted 45 COP eligibility? If employee still has a COP balance available that he/she is eligible to use, forward a remedy ticket to DFAS.

Question: After CA 7, 7a and 7b have been completed and leave buy back has been approved by both the employee and OWCP, what are the Payroll Department's next steps?

Answer: The Payroll Department (DFAS) processes the necessary paperwork to restore the leave. The OWCP check and employee check, along with the leave buy back paperwork, should be sent into DFAS-CL for processing and DFAS-CL will notify DFAS-IN to update the employees DCPS leave record.

Question: What pay codes would the time keeper use when coding the time for a *part time* employee who is working four hours and will receive workers compensation benefits for the remaining four hours?

Answer: If the employee works 4 hours a day, code the hours worked as LT and include the injury #. The system will automatically fill in the other 4 hours according to the employee's wage coding (RF-for wage grade, RS-wage grade supervisor or RG for GS, RT-wage grade, third shift). Code the 4 hours "KD" LWOP-Workers Comp only if a CA 7 has been submitted and OWCP will be paying for the lost wages.

Question: Employee was injured yesterday and did not leave work early but worked his/her entire shift. Today he/she is taking off work early as a result of the work related injury they sustained yesterday. Can the employer code today's absence as LT without having used an LU code yesterday?

Answer: No, the LU has to be input for yesterday, since it was the day of injury (you don't need to show any hours, since the employee did not leave work due to injury). You must also input the LT code (injury # 0109) for today with # of hours away from work. (LT will not work without establishing the LU in the DCPS system).

Question: The employee used COP intermittently. The payroll system did not allow COP to be paid and coded after 45 days from the date of injury even though employee had some days of COP eligibility remaining. A remedy ticket was done and DFAS said the person would need to request leave buy back. What is the "work around" when this occurs?

Answer: A remedy ticket must be completed. The pay technician must correct the input and then the system will process the time as COP. This can occur when the date of injury (which is the injury code) has not been entered each time COP is used.

Question: OWCP has denied the workers compensation claim submitted by the employee. OWCP has also directed the agency to convert any COP hours paid to the employee to either sick leave, vacation leave or leave without pay (LWOP). How is the COP converted to another leave form or LWOP?

Answer: The HR OWCP Specialist notifies the Supervisor and the CSR that the claim was disapproved and the timesheet has to be corrected to charge the employee sick leave, annual leave, LWOP, or appropriate leave (but not admin leave). The HR OWCP Specialist should also request a copy of the corrected timesheet from the CSR to place in the employee's COP file to show that the timesheet was corrected.

Question: If the employee uses sick or vacation leave for time loss due to their work related injury and later decides that they would like to use COP instead can this be done.

Answer: Yes, if an employee who has elected leave later wishes to elect COP, the supervisor must make such a change on a prospective basis from the date of the employee's request. Where the employee wishes to have the leave restored retroactively, the supervisor must honor the request, provided he or she receives prima facie medical evidence of injury-related disability for the period in question.

COP Eligibility Requirements:

- Traumatic injuries only
- Injury must be reported w/in 30 days
- Work stoppage must begin within 45 days of the injury
- Medical evidence must be submitted w/in 10 days of the date of injury
- 45 days of wage loss due to disability and/or medical treatment after a traumatic injury

COP exception: The first COP day is the first day disability begins following the date of injury (providing it is within the 45 days following the date of injury), except where the injury occurs before the beginning of the work day or shift, in which case the date of injury is charged to COP

Worker's Compensation

For Lost Wages Due to a Work Related Injury



Things You Should Know About Compensation and CA-7's

The CA7 form is used to claim compensation for wages lost due to work-related traumatic (after expiration of COP entitlements) or occupational injuries.

- Compensation is paid at $\frac{2}{3}$ of the employee's pay rate if he or she has no dependents, or $\frac{3}{4}$ of the pay rate if he or she has one or more dependents; includes loss of military wages if applicable
- A three day waiting period for which no compensation is payable, applies except where disability lasts more than 14 days or permanent disability results from the injury. Non-work days and holidays not falling within a period of leave may also be counted as waiting days.
- If compensation entitlement extends past a year, the law provides for a yearly increase based on the Consumer Price Index. OWCP applies this increase to all eligible cases each March 1.
- If an employee has an outstanding TSP Loan, complete form TSP 41 and an LWOP SF 50. When employee returns from absence, fax form to TSP and complete a new TSP 41 with return SF 50 (LWOP should be at least two weeks or more in length)

Deducted from Compensation

- Life Insurance
- Health Insurance
- Dental & Vision (long term roll recipients only)
- Retirement
- Court ordered garnishment of wages

Not Deducted from Compensation

- Taxes (at this time however employee should contact IRS for additional information)
- Medicare
- Social Security
- TSP

Filing A CA-7

- Place employee in a LWOP pay status by completing personnel action for any periods covered by CA7; no leave will be accrued while in a LWOP status
- CA7s should be completed every two weeks until claimant returns to work or DOL notifies agency no additional CA7s are required
- Complete EFT Form and forward to OWCP
- If leave will be intermittent, the employee must complete a CA7a in addition to the CA7
- Fax or mail CA7(depending upon OWCP District Office Policy) to DOL; contact OWCP District Office to determine form submission timeframe; form should be submitted every two weeks until disability ends
- When employee returns to work, ICPA should notify DOL and send copy of SF50 (if applicable) and medical to district office
- Compensation can not be claimed for periods covered by COP
- On the 29th day of compensation, OWCP will begin deducting health insurance premiums. Please note: employee should verify insurance premiums are being deducted
- DOL processes CA7s within 14 days of receipt
- CA7 forms are also used to apply for a schedule awards

PLACING A TECHNICIAN IN A LEAVE WITHOUT PAY STATUS

When medical documentation declares an employee is totally disabled for a period of time, an employee may file for compensation of lost wages.

1. The employee must submit medical documentation of total disability for a specified period of time to the supervisor and ask to be placed on LWOP instead of annual or sick leave.
2. The supervisor will have the employee initiate a Form CA-7, Claim for Compensation, to apply for compensation of wage loss while on LWOP.
3. The supervisor will initiate a Form SF-52 if the employee will be on LWOP for 80 continuous hours or more.
4. The Type Hours Code on the timecard is "KD".
5. The first compensation payment will be issued within 15 days; thereafter, payments will be made every 28 days. Payments can be made through Direct Deposit at the employee's request.
6. Once OWCP receives the CA-7, OWCP will assign a nurse contracted by DOL for the Quality Case Management (QCM) program. The nurse will assist returning the employee back to work by expediting medical treatment, accompanying the employee to medical appointments, and by assisting agency management to develop light duty or to provide other job assignments.
7. When the employee returns to work, the supervisor will initiate another SF-52 to remove the LWOP status and return the employee to regular duty.

The information below explains the impact LWOP will have on employee benefits.

1. Health Insurance (FEHB)

- If any part of an employee's salary is paid by the agency, withholdings and contributions are made for the employee by the agency.
- OWCP makes withholdings and contributions when compensation lasts more than 28 days.
- If compensation lasts fewer than 29 days, the agency continues its contribution and is also responsible for advancing from salary the employee share as well. The employee may choose between paying the agency directly each pay period or having the premiums accumulate and withheld from his/her pay upon returning to duty.

2. Life Insurance (FEGLI)

- If any part of an employee's salary is paid by the agency, withholdings and contributions are made for the employee by the agency.
- Life insurance continues without cost to employee while on LWOP for one year if the employee has been employed for 5 years.
- After one year, CPAC sends letter SF-2819, Conversion of Insurance/Continuation of Life Insurance to employee and an extension of 31 days is given.
- If compensation ends and the employee does not return to pay status, the employee's coverage continues for 365 days after the date compensation terminated.
- If separated from agency rolls, FEGLI coverage continues and payments for Basic Life and optional coverage are withdrawn from employee compensation payments.

3. Thrift Savings Plan

- Employee must send a copy of LWOP SF-50 to TSP.
- Employee cannot contribute to TSP while on compensation nor does agency contribute matching funds. Resumes immediately when employee returns to work, but missed contributions while on LWOP cannot be deposited.
- Funds can be moved between accounts while on compensation.
- If age 59 ½, can take money out permanently on a one-time basis. Must document a hardship. Pay 20% tax.. Pay 10% penalty.
- Cannot get a loan. Cannot repay old loans until employee returns to work. If unable to repay loan, loan is considered taxable income.

4. Leave Accrual

- If employee is LWOP for an entire pay period, no annual or sick leave accumulates while LWOP.
- If employee is LWOP during part of one or more pay periods, the employee will continue to earn leave until the LWOP totals 80 hours, then leave is reduced by the amount earned in a pay period.
- If separated from the agency rolls to go on compensation and employee later returns to work, the employee's sick leave is restored, even after 3 years.
- Annual leave is paid in a lump sum when employee is separated but begins accruing at the rate previous to the employee's separation.

5. Within-Grade Increases and Length-of-Service.

- All time spent in a LWOP status is creditable toward completion of waiting periods upon the employee's return to duty.

6. VSIP

- Employee may receive a VSIP but the compensation payments are suspended until the compensation amount has equaled the amount of the VSIP.
- If the employee applies for Disability Retirement, the employee is not eligible to receive a VSIP.

7. Retirement

- LWOP is counted towards retirement upon the employee's return to duty.
- If employee transfers to FERS, he/she can retire whenever FERS becomes effective.
- If employee remains on CSRS, he/she must have 5 years of previous coverage and return to work one year before retiring.
- Employee will receive full credit for the LWOP period in the computation for high-3 salary purposes.

8. Social Security

- An Employee receiving compensation may apply for any Social Security benefit to which he/she is otherwise entitled.
- The Social Security benefit may be offset by the OWCP benefit up to age 62.

Appendix

1. FECA Benefits
2. Commonly Used OWCP Forms
3. Light Duty Policy Letter: Dated 10 September 2007
4. PT Policy Letter: Dated 1 June 2009
5. Dual Status Technician Compensation Policy Letter: Dated 14 April 2009

Introduction to the Federal Employee's Compensation Act

- ❖ The Federal Employees' Compensation Act (FECA) was first enacted in 1916 to provide disability benefits to civilian federal employees who became injured in the course of their federal employment. FECA has been the subject of numerous amendments, most of which have resulted in increased benefits for injured employees and their dependents.

There are five basic types of benefits:

1. **Disability Compensation:** Wage loss benefits of 66 2/3 percent of pay with no dependents or 75 percent with dependents. Night differential, premium pay, Sunday pay, and cost of living adjustments (COLA) are included in the pay rate. Overtime is excluded. The minimum pay is a GS-2 Step 1, and the maximum is a GS-15, top step. COLA increases are given each March 1.
2. **Medical Benefits:** OWCP will pay for any medical services, appliances or supplies which will cure, give relief, reduce the period or degree of disability, or aid in lessening the amount of monthly compensation. This is a lifetime benefit with no dollar limit.
3. **Schedule Awards:** Compensation for the permanent loss or loss or use of specified members, functions, and organs of the body.
4. **Vocational Rehabilitation:** The rehabilitation services to assist the employee in returning to gainful employment consistent with their physical, emotional, and educational abilities. An employee with extended disability may be considered for rehabilitation services if requested by the attending physician, the employee, or the employing agency.
5. **Death Compensation:** The survivors of a Federal employee whose death is work related are entitled to benefits in the form of compensation payments, funeral expenses, transportation expenses for the remains, if necessary, and payment for termination of the deceased's status as a Federal employee.

Web Reference:

<http://www.dol.gov/esa/owcp/dfec/regs/statutes/feca.htm>

Commonly Used OWCP Forms

Traumatic Injury Forms:

Form CA-1- Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay

PURPOSE: Notifies supervisor of a traumatic injury and serves as the report to OWCP when:

- (1) the employee has sustained a traumatic injury which is likely to result in a medical charge against the compensation fund;
- (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay;
- (3) disability for work may subsequently occur;
- (4) permanent impairment appears likely; or
- (5) serious disfigurement of the face, head, or neck is likely to result

PREPARED BY: Employee or someone acting in employee's behalf-, witness (if any); supervisor, family member...

WHEN SUBMITTED: By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days after receipt of the form from the employee.

Form must be submitted electronically through <http://www.epms.osd.mil/icuc/EDI.aspx>.

COMPLETED FORMS SENT TO: Supervisor, by employee or someone acting on the employee's behalf; **then** to ICPA by supervisor **through DIUCS/EDI**.

Form CA-16- Authorization for Examination and/or Treatment

THIS FORM IS GIVEN BY THE ICPA OR APPROVED OFFICIAL ONLY

PURPOSE: Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or, under certain circumstances, a chiropractor), or from a U. S. medical facility, if available. The employee may initially select the medical provider of his or her choice but must request any change from OWCP

PREPARED BY: Part A - ICPA Part B - Attending Physician

WHEN SUBMITTED: Part A - By ICPA, in duplicate, within 48 hours following first examination and/or treatment
Part B - By attending physician or MTF as promptly as possible after initial examination

COMPLETED FORMS SENT TO: Part A - Physician or medical facility Part B - Appropriate ICPA (HRO)

Form CA-20- Attending Physician's Report

PURPOSE: Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information

PREPARED BY: Attending physician

WHEN SUBMITTED: Promptly upon completion of examination or most recent treatment

COMPLETED FORMS SENT TO: Appropriate ICPA (HRO) office

Form CA-17 - Duty Status Report

PURPOSE: In traumatic injury cases, provides supervisor and OWCP with interim medical report containing information as to employee's ability to return to any type of work

PREPARED BY: Supervisor and attending physician

WHEN SUBMITTED: Promptly upon completion of examination or most recent treatment

COMPLETED FORMS SENT TO: Original to employing agency, which should send copy to appropriate ICPA (HRO) office

Occupational Disease Forms:

Form CA-2- Federal Employee's Notice of Occupational Disease and Claim for Compensation

PURPOSE: Notifies supervisor of an occupational disease and serves as the report to OWCP when:

- (1) the disease is likely to result in a medical charge against the compensation fund;
- (2) the employee loses time from work because of the disease, whether the time is charged to leave or the employee claims injury compensation;
- (3) disability for work may subsequently occur,
- (4) permanent impairment appears likely; or
- (5) serious disfigurement of the face, head, or neck is likely to result

PREPARED BY: Employee or someone acting in employee's behalf-, witness (if any); supervisor, family member...NOTE: Burden of proof is on the employee. Should accompany CA 35.

WHEN SUBMITTED: By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days after receipt of the form from the employee

Form must be submitted electronically through <http://www.cpms.osd.mil/icuc/EDI.aspx>.

COMPLETED FORMS SENT TO: Supervisor, by employee or someone acting on employee's behalf; then to appropriate ICPA (HRO) office by supervisor through DIUCS/EDI

Form CA-35(a-h)- Evidence Required in Support of a Claim for Occupational Disease

PURPOSE: Provides medical support for claim and is attached to Form CA-2; provides OWCP with medical information to support the occupational disease claim.

PREPARED BY: Employee in conjunction with CA 2

WHEN SUBMITTED: By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days after receipt of the form from the employee

COMPLETED FORMS SENT TO: Supervisor, by employee or someone acting on employee's behalf; then to appropriate ICPA (HRO) office by supervisor

Form CA-2a - Notice of Employee's Recurrence of Disability and Claim for Pay/ Compensation

(Use if needed)

PURPOSE: Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease (recurrence). It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability

PREPARED BY: Employee

WHEN SUBMITTED: Immediately upon receiving notice that the employee has suffered a recurrence. An employee who stops work as a result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave

COMPLETED FORMS SENT TO: Supervisor, by employee or someone acting on employee's behalf, then to appropriate ICPA (HRO) office. **An employee no longer employed by the Federal government should complete Parts A and C and submit all materials directly to appropriate OWCP office.

Compensation Forms:

Form CA-7 - Claim for Compensation on Account of Traumatic Injury or Occupational Disease *Must be accompanied by a physicians note or CA 20!!!*

PURPOSE: Claims compensation if

- (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases);
- (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement of the face, head or neck;
- (3) loss of wage-earning capacity has resulted

PREPARED BY: Employee or someone acting on employee's behalf; supervisor, and attending physician

WHEN SUBMITTED: In traumatic injury cases, the form must be completed and filed with OWCP not more than five work days before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops

COMPLETED FORMS SENT TO: Supervisor, by employee or someone acting on employee's behalf; the to appropriate ICPA (HRO) office by the supervisor

Form CA-3 - Report of Termination of Disability and/or Payment

PURPOSE: Notifies OWCP that disability from injury has terminated and/or that continuation of pay has terminated and/or that employee has returned to work

PREPARED BY: Supervisor

WHEN SUBMITTED: Immediately after disability or continuation of pay terminates, or the employee returns to work

COMPLETED FORMS SENT TO: Appropriate ICPA (HRO) office

OWCP-915 - Claim for Medical Reimbursement (Use if needed)

PURPOSE: Used to seek reimbursement for out of pocket medical expenses pertaining to the treatment of an accepted condition. Can be used to seek reimbursement for expenses in regard to medical treatment, prescription medication and medical supplies.

PREPARED BY: Employee, submit a separate claim for each provider where an out of pocket expense was incurred.

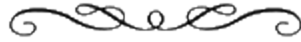
WHEN SUBMITTED: As soon as expense is incurred

COMPLETED FORMS SENT TO: Appropriate ICPA (HRO) office

ALL FORMS ARE AVAILABLE TO PRINT - NEVER HAVE TO WORRY ABOUT FINDING THEM!!!!

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

Supervisor Responsibility



- Continue pay in traumatic injuries
- Assist employees in returning to work
- Represent the agency's interest
- Challenge questionable claims (controvert)
- Keep in contact with employee
- Help manage compensation costs
- Accommodate "light duty" work when able
- Report injuries promptly - Submit CA-1s and CA-2s within ten workdays
- Submit CA-7s within five workdays
- Encourage safe work habits and conditions and enforce safety regulations
- Advise employees on rights and responsibilities
- Complete and submit forms in timely manner

Supervisor Responsibility (cont)

Re: Traumatic Injuries (1 work shift)

- Review front of CA-1 for completeness and assist employee in completing any deficiencies found
- Complete and sign back of the CA-1 and submit to OWCP within ten workdays of receipt
- Authorize medical care if needed by completing a Medical Treatment Form CA-16
 - Complete CA-16 within four hours of request whenever possible
 - If doubt as to whether employee's condition is related to employment, note this on the form
 - May refuse to issue a CA-16 if more than a week has passed since the injury since the need for immediate treatment would have become apparent in that period
- Advise employee of the right to elect COP
- Advise employee of her/his responsibility to submit prima facie medical evidence of disability within ten calendar days or risk termination of COP

Re: Occupation Disease (more than one work shift)

- Review Front of CA-2 for completeness and assist employee in correcting any errors or omissions
- Review the employee's portion of the form and provide comments concerning the employee's statement
- Prepare a supporting statement to include exposure data, test results, copies of previous medical reports, and/or witness statements – depending on the nature of the case
- Advise employee of the right to elect sick or annual leave or LWOP, pending adjudication of the claim
- Provide Appropriate Occupational Disease Checklist